



ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
Safer Communities Through Successful Youth

QUALITY ASSURANCE A U D I T

Catalina Mountain School

**Conducted the week of
04/28/08 through 05/02/08**

**Prepared by
The Arizona Department of Juvenile Corrections
Quality Assurance Unit**

Overview

The Arizona Department of Juvenile Corrections (ADJC) Quality Assurance Unit conducted a Formal Audit of Catalina Mountain School during the week of 04/28/08. ADJC policies, procedures and best practices were used as standards.

Substantial Compliance

Catalina Mountain School showed Substantial Compliance during the Formal Audit in many areas and follow up is not required.

Summary of Non-Compliance

A Summary of Non-Compliance precedes the body of the audit. The purpose of the summary is to provide the reader an outline of observations that will require corrective action. Specific details such as dates, times and shifts are omitted from the summary but can be found in Part I or Part II of the audit.

Part I-Housing Unit Audits

Each housing unit was audited for logbook documentation, appropriate shift change documentation, headcount, transitions, documented welfare checks, sharps accountability, youth supervision, tools, sharps, and dangerous objects accountability, and exclusion.

Part II-Facility and Program Area Audits

In addition to the audit of each housing unit, CMS was audited for Separation Review, Medical Services, Youth Grievances, Behavioral Health, Physical Plant Inspection, Youth Mail, Special Education, Third Shift Timely Bathroom Access, Suicide Prevention, Continuous Case Plan (CCP), CAPFA, and Multi-Disciplinary Team (MDT) meetings.

The Quality Assurance unit would like to acknowledge the contributions of the Subject Matter Experts (SMEs) who contributed to this audit. Without the participation of the SMEs, it would not have been possible to assess several key areas in this audit.

Education

Dr. Gail Jacobs

Mental Health

Dr. Ben Shaw

Mark Richardson

Substantial Compliance

Catalina Mountain School showed Substantial Compliance during the Formal Audit in the following areas and follow up action is not required:

- Daily Logbook (Procedure 4002.02)
- Sharps Accountability at Shift Change (Procedure 4002.02)
- Communication in Logbook (Procedure 4002.02)
- Head Count (Documentation in Unit Logbook) (Procedure 4002.02)
- Emergency Pack Compliance (Suicide Prevention) (Procedure 4250.02, 4250.02A)
- Third Shift Timely Bathroom Access (Procedure 4002.07)
- Individualized Behavior Plans (IBP)
- Youth Phone (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081)
- Youth Mail (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081)
- Youth Mail Facility Processing (Procedures 4051, 4051.01, 4051.02, 4051.02A, 4081P)
- Education / Special Education (Procedures 4475, 4475.01, 4475.02B, 4475.02C, 4475.03, 4475.03A, 4475.04, 4475.05, 4475.06, 4475.07, 4484)
- Continuous Case Plan (CCP) CAPFA (Procedure 4321.02)
- Separation Review (Procedure 4061.01)
- Behavioral Health Services Comprehensive Review

Summary of Non-Compliance

This summary outlines observations of non-compliance. Details such as dates, times and units can be found in the main body of this report. Follow up action plans are required for each area of non-compliance. Non-compliant areas will be re-inspected during the Follow-up Audit in June, 2008.

Hourly Headcount Sheets

Procedure 4050.02

Unit – Chiricahua

- 1 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Manzanita

- 1 of 4 headcount sheets was not completed each hour.
- 2 of 4 headcount sheets were not totaled properly.
- 1 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Mesquite

- Headcount sheet for 4/20/08 could be located by auditor or staff member.

Unit Recovery

- 4 of 4 headcount sheets were not completed each hour.
- 4 of 4 headcount sheets were not totaled properly.
- 1 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Unit Saguaro

- 2 of 4 headcount sheets were not totaled properly.
- 2 of 8 documented youth movements did not match (logbook vs. headcount sheet).

Exclusion

Procedure 4064.01

Unit Chiricahua

- 4/17/08 – Exclusion end time was not documented on the Exclusion Sheet. Corrected by YPS on the spot.
- 4/18/08 – Exclusion end time was not documented on the Exclusion Sheet. Corrected by YPS on the spot.
- 4/19/08 – Exclusion start time on Exclusion Sheet and logbook differed by 30 minutes.

Unit Manzanita

- 2 of 24 exclusions had not been reviewed and signed by a supervisor.
- 4 of 24 exclusions documented welfare checks in a non-staggered fashion
- 1 Exclusion was not documented in the unit logbook. The YPS was aware of the problem and addressed the issue with unit staff.

Unit Saguaro

- 6 of 6 exclusions had not been reviewed and signed by the YPS.

Transitions

Procedure 4064.01

Unit Chiricahua

- 2 of 20 transitions were not within the 15 minute limit; ranging 25 – 33 minutes.

Unit Manzanita

- 1 of 30 transitions was not within the 15 minute limit (24 minutes).

Unit Recovery

- 1 of 24 transitions was not within the 15 minute limit (22 minutes).

Unit Saguaro

- 2 of 24 transitions were not within the 15 minute limit; ranging 16 – 18 minutes.

Welfare Checks

Procedure 4002.09

“Out of compliance” in this area indicates the welfare check did not take place within 15 minutes (staggered) per policy. Four days were reviewed.

Unit Chiricahua

- 4 welfare checks were not conducted within the 15 minute limit; ranging 17 – 29 minutes.

Unit Manzanita

- 1 welfare check was not conducted within the 15 minute limit (25 minutes).

Unit Recovery

- 1 welfare check was not conducted within the 15 minute limit (16 minutes).

Unit Saguaro

- On three different days, all on 3rd shift, welfare checks were documented every 15 minutes (not staggered) throughout the shift. This represents dozens of welfare checks. In addition, 2 welfare checks exceeded 15 minutes (18 and 21 minutes).
- In addition, 5 welfare checks were documented from 0300 – 0400 in the unit logbook. Camera observations showed only two welfare checks were actually completed.

Unit Separation

- Welfare checks were documented at 0000, 0002, and 0016. Camera observations indicate welfare checks were not conducted from 2354 to 0025. Even if camera times are different from staff times, there was a period where welfare checks were not conducted.
- 2 welfare checks were not conducted within 15 minutes (17 and 22 minutes).

Unit Inspection Binder

Procedure 4002.01

Unit Separation

- Work order was not attached to daily inspection forms for “mold growth” listed on weekly inspection form.

Supervision of Youth

Policy 4002-Procedure 4002.09

Observations were made of general supervision in the housing unit, during line movement, when youth enter and exit their rooms in the unit, in the dining room, and during morning clean up.

Unit Chiricahua

Exiting rooms

- Staff did not open one door at a time.
- Staff did not secure the doors behind the youth each time and proceed to the next door.
- After all youth were out of their rooms and the doors were secured behind them staff did position themselves at the end of the hall nearest the dayroom but did not instruct the youth to line up two by two.

Entering rooms

- Staff did not ensure youth entered the hallway in an orderly fashion and stand single file against the outside wall of their rooms.
- Staff did not open one door at a time.

Dining room

- Staff did not account for juvenile eating utensils in accordance with Procedure 2501.01 Utensil Control.
- Staff did not ensure juveniles exit dining hall in an orderly fashion.
 - As the youth exited the dining hall the youth were not quiet and did not line up in an orderly fashion before exiting the dining hall.
- Staff did not conduct a head count prior to movement from dining hall area.

Supervision in the Classroom

- Staff did not control entry and the exit to the classroom.

Unit Manzanita

General unit supervision

- A special inspection was conducted in unit Manzanita on 5/14/08. It noted areas of supervision that requires attention in the following areas;
 - From 1300 – 1400 staff were observed during outside recreation:
 - Multiple youth cursing, horse playing (punching/fake stabbing with tree limb) and throwing rocks.
 - Youth was horse playing with tree limb for 25 minutes until redirected by staff.
 - Multiple youth (7 youth) were throwing rocks for about 45 minutes with little redirection from staff.
 - At 1335, 1 of 2 staff went inside the unit leaving the other staff alone with 14 youth. The staff returned at 1343.

Unit Recovery

General unit supervision

- There was not documentation of youth being in their rooms longer than 15 minutes, however, during a camera review of the unit morning cleanup process on 4/18/08, youth were in their rooms from 600 am to 709 am with only one formal welfare check at 615 am. One staff was constantly in the hallway from 630am to 709 am, but did not complete visual welfare checks on each youth as required per policy.

Dining room

- Staff did not direct juveniles to the food line one table at a time.
- Staff did not assist health personnel in the distribution of medication in accordance with Procedure 3100.12 Medication Administration.
- Staff did not conduct a head count prior to movement from dining hall area.

Supervision in the Classroom

- Staff did not control entry and the exit to the classroom. Youth were allowed to open the classroom door.

Unit Saguaro

Exiting rooms

- Staff did not begin letting youth out of their rooms on the side of the hall farthest from the dayroom.
 - Staff did not proceed to the next door, working toward the dayroom.
- After all youth were out of their rooms and the doors were secured behind them, staff did not position themselves at the end of the hall nearest the dayroom and instruct the youth to line up two by two.

Entering rooms

- Staff did not ensure youth entered the hallway in an orderly fashion and stand single file against the outside wall of their rooms.
- Staff did not open the youth rooms beginning nearest the dayroom and direct the juveniles to enter their room.

General supervision

- Staff did not account for juvenile eating utensils (meals served on the unit) in accordance with Procedure 2501.01 Utensil Control.
- Staff did not document the beginning and ending of cleaning time in the unit log.

Supervision on 3rd shifts-via camera observations

- Five welfare checks were documented in the unit logbook from 0300-0400. Camera observations revealed two welfare checks were completed.

Unit Separation

- On 4/20/08-4/21/08 from 1154pm -1225am, three welfare checks were documented in the unit logbook. Camera review revealed welfare checks were not completed.

Facility Headcount Accuracy

Procedure 4002.02

Youth movement within the Facility

Assigned Housing Unit of youth	Youth K#	Point (A) Location of youth moved from	Point (A) Documented the movement of youth Y-N	Point (B) Location youth moved to	Point (B) Documented receiving youth Y-N	Point (A) Documented when youth returned from point (B) Y-N
Chiricahua	#27413	Education	No	Health Unit	Yes	No
Manzanita	#26316	Housing Unit	No	Kitchen	Yes	No

Use of Force

Procedure 4058

Use of Force Incidents reviewed from 04/17/08 to 04/28/08.

- 1 of 6 Use of Force incidents was not logged in the Security IR Log Book.

Tools, Sharps, and Dangerous Objects Accountability

Procedure 4050.14

Health Unit-Dental

- Employees do not check-out and return all tools using Form 4050.14A Tool Check-Out.
- Assigned employees and security personnel do not conduct a joint inventory of tool rooms every Friday to include Class A and B tools.
- Tools are not permanently engraved/stamped and/or color-coded to identify area of assignment prior to placing them on Form 4050.14B Master Tool Inventory.
- Employees do complete a form when tools are added and/or deleted from inventories however they are not using Form 4050.14C Tool Disposition they are using their own form.
- Where practicable tools are not identified on the Master Tool Inventory is engraved.
- When Dental hand pieces and other items which cannot be engraved are used the manufacturer's serial number is not used to identify the tool.
- **EACH MEDICAL DISCIPLINE** does not provide a copy of the Master Tool Inventory to the Medical Director and Ranking Facility Security Supervisor on the 15th business day of each month or more frequently as determined by the Medical Director.

- **HEALTH SERVICES PERSONNEL** do note additions, issue of equipment, and depletions of stock however this is not documented on Form 4058.14C Tool Disposition. They are using a different form to document

Comments:

The CMS Health and Dental units have been using local forms that do not have a policy reference on them. The 4050 series is not being used. The Health and Dental units do provide adequate logs of all tools and instruments. At this time, form series 3050.03A and B are in the final approval phase, these new forms will address current issues.

Sealed packets of sharps (needles, syringes, etc) were opened and items were removed without the proper notation on the pack. (tape with date and initials).

Education -(classroom 2)

- Accountability of tools, sharps, and dangerous objects is not maintained at all times.
 - Pencils were passed from one youth to another

Unit Separation

- Accountability of tools, sharps, and dangerous objects were not maintained at all times.
- Employees do not conduct a daily tool inventory and record the results in the area daily log.
- Employees do not document daily inventories in the log book.

Pat Searches

Procedure 4250.01

Policy 4052 identifies 28 key steps that shall be followed in the process of conducting youth pat searches.

Unit Chiricahua

- 11 of 28 Key areas were not performed during youth Pat Searches observed.
 - Staff did not stop the line movement approximately 20 feet from entrance doors.
 - Lead employee did not upon completion of pat searches; remain outside to monitor juveniles entering the housing unit.
 - Second employee did not send one juvenile at a time to the lead employee for a pat search.
 - Staff did not instruct the juvenile to stand facing with legs spread and arms extended straight out to the side with fingers spread.
 - Staff did not visually inspect both sides of hands.
 - Instruct the juvenile to open his/her mouth and lift his/her tongue.
 - Staff did not visually inspect gum areas and underneath the tongue.
 - Staff did not go around with hands to the front of the body, patting the stomach.
 - Staff did not search from the bottom of the pants pat the front and insides of legs into the groin area.
 - Staff did not instruct juvenile to lift each foot and visually inspect the bottom of each shoe.
 - Staff did not randomly search juvenile shoes, taking into consideration the surface area and climate conditions.

Unit Recovery

- 3 of 28 Key areas were not performed during youth Pat Searches observed.
 - Staff did not instruct the youth to open his mouth and lift his tongue.
 - Staff did not visually inspect gum areas and underneath the tongue.
 - Staff did not randomly search juvenile shoes.

Unit Saguaro

- 2 of 28 Key areas were not performed during youth Pat Searches observed.
 - Second employee did not monitor the back of the line outside of the unit.
 - Second employee did not enter the housing unit first to monitor juvenile, he stayed at the entry way conducting mouth sweeps before youth would enter the building.

Facility Inspection

Facility Inspections included: Administration, Main Control, Education, and Facility Grounds, Health Unit, Housing Units Kitchen, Maintenance, Separation, and Warehouse.

Administration / Main Control

- The control room has recently undergone significant positive change. Changes include new carpeting, reduced clutter, equipment accountability boards, and a new pass through window for distribution of keys and equipment.
- Equipment accountability logs were reviewed for April 17 – 20, 2008. Some discrepancies were noted with the accountability of keys, radios, and suicide extraction knives.
 - The key issue log indicates that 51 of 61 keys that were signed out on the 17th were signed back in; 48 of 51 keys that were signed out on the 18th were signed back in; 13 of 15 keys that were signed out on the 19th were signed back in; and 8 of 14 keys that were signed out on the 20th were signed back in.
 - The radio issue log indicates that 1 of 39 radios that were signed out on the 17th were signed back in; 0 of 30 radios that were signed out on the 18th were signed back in; 6 of 7 radios that were signed out on the 19th were signed back in; and 0 of 1 radios signed out on the 20th were signed back in.
 - The suicide extraction knife issue log indicates that 2 of 9 knives signed out on the 17th were signed back in, 3 of 12 knives that were signed out on the 18th were signed back in; 4 of 5 knives signed out on the 19th were signed back in and 2 of 4 knives that were signed out on the 20th were signed back in.
 - Security officers sign out radios on a separate log which does not include sign out or return times
- The fire extinguisher in the main control room needs to be mounted on the wall to comply with fire code.
- The new pass through window requires modification to prevent access to keys hanging on the peg board in the control room. Administration and maintenance are aware of this problem and working on a pass-through drawer that will prevent unauthorized access.

- The personal safety alarms (panic buttons) on the radios are ineffective because the control officer does not have a reference list to identify whose radio the distress signal is being sent from. On at least two occasions radio announcements were made from the control officer for “all staff” to check and reset their radios due to an alarm.

Chapel

- Weekly inspections are not being completed as required per Policy 4007.13.

Education / Recreation

- Restrooms were graffiti free, but were not clean.
- Tool inventory list was not current.
- MSDS book could not be located.

Facility Grounds

- The metal detector at the front gate is out of service.
- Dumpsters on the facility grounds are still not secured. A lock was installed on the dumpster nearest the recreation field for test but the remaining dumpsters have not been secured as of the date of the audit. This was identified in a previous audit.

Health Unit

- Weekly inspections are not being completed as required per Policy 4007.13.

Housing Units / Separation

Unit Chiricahua

- The control room and staff restroom were messy and cluttered.
- The fire extinguisher in the control room has a broken seal.
- A smudge was noted on the wall in the “Large Lounge” that looked like blood.
- Pencils were found in several youth rooms.

Unit Manzanita

- Youth rooms were found very messy with trash, clothing and food items scattered about. Several rooms had pencils in them and tagging was noted on the walls and doors in these rooms.

Unit Mesquite

- Lint from the dryer trap was discarded behind the dryer. Trash can and buckets were being stored behind the dryer.

Unit Recovery

- The CD ROM drive of the student computer in the small lounge was damaged with pieces missing. This was immediately reported to the Assistant Superintendent and MIS. An IR was completed by the inspector and the computer was removed from the lounge and secured in the control room.

Unit Saguaro

- The sharps box in the control room was not secured at the time of inspection. This was immediately reported to staff on site and the box was secured.
- The refrigerator in the control room is being powered by an extension cord. Extension cords are only allowable in the workplace as temporary wiring and for no more than 90 days.
- A spray bottle with glass cleaner was found in the youth bathroom.

Unit Separation

- The computer in the staff work area is powered by an extension cord. Extension cords are only allowable in the workplace as temporary wiring and for no more than 90 days.
- A loose floor tile was noted in the staff work area. Staff are aware of the problem and it has been reported to maintenance for repair.
- Monthly inspections are not being completed or documented in these areas as required by Policy 4007.13.

Youth Mail

- 7 of 7 incident reports for confiscated mail had a follow up completed by the manager.
 - 5 of 7 follow ups did not contain appropriate information about the notification to the youth.